2005

Wisconsin Facilities Serving People with Developmental Disabilities

Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services

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Foreword

This annual report, formerly titled *Facilities for the Developmentally Disabled*, is now *Facilities Serving People with Developmental Disabilities*. This change in wording reflects a focus on the people who are served rather than on their disabilities.

As in previous years, this report presents key statistical information about facilities serving people with developmental disabilities (FDDs) and their clients.

The source of data for most of the information in this report is the 2005 Annual Survey of Nursing Homes, which collects data on both nursing homes and FDDs. This survey is conducted annually by the Wisconsin Department of Health and Family Services (DHFS), Division of Public Health, Bureau of Health Information and Policy; in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the DHFS Office of Quality Assurance (formerly part of the Division of Disability and Elder Services); and the state's nursing home industry.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of all Wisconsin facilities serving people with developmental disabilities who provided information about their facilities and clients.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, LuAnn Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Jean Kollasch in the Office of Quality Assurance. The report was prepared under the supervision of Judith Nugent, Chief, Health Care Information Section, and the overall direction of Patricia Guhleman, Interim Director, Bureau of Health Information and Policy.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. This report is available on the Department's Web site at http://dhfs.wisconsin.gov/provider/ Suggestions, comments and requests for additional data may be addressed to:

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Table of Contents

Introduction

All of the information about facilities and clients in this report is derived from the 2005 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility clients and the number of staffed beds as of December 31, 2005. Other data items, such as the number of inpatient days, were reported for all of calendar year 2005.

The Annual Survey of Nursing Homes collects data from both nursing homes and facilities serving people with developmental disabilities (FDDs). This report presents data from FDDs, defined by Wisconsin Administrative Code HFS 134.13(13). A separate publication (*Wisconsin Nursing Homes and Residents)* presents data from nursing homes, which are defined by Wisconsin Administrative Code HFS 132.14 (1)) to include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In accordance with a mandate that was part of the 2003-2005 state budget, the Wisconsin Department of Health and Family Services is working in partnership with counties to implement the ICF-MR Restructuring Initiative. (Note: The federal term for FDDs is Intermediate Care Facilities for Persons with Mental Retardation, or ICF-MRs.) This initiative builds on Wisconsin's longstanding and strong commitment to improve access to community-based care for people with developmental disabilities. The ICF-MR Restructuring Initiative makes the funding currently available to serve individuals living in institutions available to "follow the person" into the community. Within this initiative, the Department has adopted the short-term objective to assist county-operated and private ICF-MRs to downsize or close.

In 2005, there were 26 FDDs licensed to provide services in Wisconsin under Administrative Code HFS 134. As in previous years, this report excludes information from the three State Centers serving people with developmental disabilities, because these facilities serve persons with severe disabilities and their staffing requirements are higher than other FDDs. Data on these excluded facilities can be found in the *Wisconsin Nursing Home Directory, 2005* (also prepared by the Bureau of Health Information and Policy, Department of Health and Family Services). The Directory is available online at http://dhfs.wisconsin.gov/provider/nursinghomes.htm.

FDDs in Wisconsin are licensed to serve clients with developmental disabilities, primarily due to mental retardation. For reimbursement purposes, clients of FDDs are assigned one of four levels of care, based on their service requirements, health needs and extent of maladaptive behavior. The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Key Findings

- Five FDDs closed in 2005: three were governmental homes and two were nonprofit homes.

- From 2000 to 2005, there were declines in the following measures of utilization of Wisconsin facilities serving people with developmental disabilities.

  ⇒ The number of FDDs decreased from 37 to 26 (30 percent).
  ⇒ Total FDD clients declined 54 percent, from 1,933 to 895.
  ⇒ The FDD utilization rate decreased from 0.36 to 0.16 clients per 1,000 total Wisconsin population.
  ⇒ Inpatient days decreased 46 percent, from 0.7 million to 0.38 million.
  ⇒ The number of admissions declined 60 percent between 2000 and 2005 (from 273 to 109).

- In contrast, the number of discharges and deaths increased 23 percent (from 291 to 357) from 2000 to 2005.

- Percent occupancy increased from 91.7 percent to 92.8 percent during the same five-year period.

- In 2005, admissions declined 40 percent from the previous year (from 181 to 109), and discharges and deaths increased 46 percent (from 245 to 357).

- In 2005, the FDD occupancy rate statewide decreased from 93.4 percent to 92.8 percent.

- The average per diem rate in 2005 for care received by FDD clients was $185, up 1.1 percent from $183 in 2004 (compared to a 6 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2005 was 3.4 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.2 percent.

- Statewide, FDDs had 1.56 FTE employees per FDD client in 2005, compared to 1.40 employees per client in 2004 and 1.34 in 2003.

- The number of FTEs in Wisconsin FDDs was down 22 percent in 2005, while the number of FDD clients as of December 31 was down 30 percent.

- In 2005, FDDs employed 71.3 FTE nursing assistants for every 100 clients (one FTE for every 1.4 clients), up from 65.3 FTEs for every 100 clients in 2004.

- The turnover rate for full-time registered nurses (RNs) was 0 percent for both nonprofit and proprietary FDDs in 2005, declining from 24 percent for nonprofit FDDs and 13 percent for proprietary FDDs in 2004.

- Statewide, the retention rate increased for all types of nursing staff except full-time licensed practical nurses.

- Admissions to FDDs decreased by 40 percent (from 181 to 109 clients) in 2005.

- Medicaid was the primary pay source for 70 percent of all FDD admissions in 2005, compared to 86 percent in 2004. In 2000, 96 percent of admissions used Medicaid as the primary pay source.

- Ten percent of FDD clients admitted in 2005 were 65 years of age and older, compared with 13 percent in 2004.

- Largely due to the closing of five FDDs, the number of discharges in 2005 increased 46 percent (from 245 to 357).

- FDD utilization rates for both people aged 55 to 64 and people aged 65 and over declined 25 percent from 2004 to 2005.

- The level of care distribution for FDD clients has changed over the years. In 1995, 22 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2005, 31 percent were at this level of care. Twenty-nine percent of clients were at the DD1B level of care in 1995, while 40 percent were at this level of care in 2005. DD1B clients are now the largest group in FDDs.

- Six percent of FDD clients in 2005 had been in the facility less than one year, down from 9 percent in 2004.

- Sixty-nine percent of FDD clients in 2005 had been in the facility four years or longer, down 2 points from 2004, after a decrease of 2 points in 2003.

- Ninety-five percent of FDD clients with Medicaid on December 31, 2005 had been eligible at the time of admission, up from 85 percent in 2004, and 78 percent in 2003.

- Statewide, the percent of FDD clients on December 31 who were being physically restrained increased from 10 percent in 2004 (not shown) to 13 percent in 2005.

Table 1. Selected Measures of Utilization, Facilities Serving People with Developmental Disabilities (FDDs), Wisconsin 2000-2005

Utilization Measure	2000	2001	2002	2003	2004	2005
As of December 31:						
Number of FDDs	37	37	35	33	31	26
Licensed Beds	2,096	2,071	1,820	1,492	1,345	990
Beds Set Up and Staffed	2,038	2,017	1,765	1,490	1,341	962
Total Clients	1,933	1,859	1,655	1,415	1,282	895
Rate per 1,000 population*	0.36	0.35	0.30	0.26	0.23	0.16
Clients Age 65 and Over						
Number	419	391	341	302	284	195
Percent	21.7%	21.0%	20.6%	21.3%	22.2%	21.8%
Medicaid Clients (Percent)	99.2%	99.2%	99.2%	98.9%	98.7%	98.5%
Calendar Year:						
Inpatient Days	703,297	688,918	609,710	534,936	477,989	380,830
Percent Change	-1.2%	-2.0%	-11.5%	-12.3%	-10.6%	-20.3%
Average Daily Census	1,922	1,889	1,689	1,465	1,307	1,046
Percent Occupancy**	91.7%	90.5%	89.8%	94.2%	93.4%	92.8%
Percent of Licensed Beds Not Staffed	2.8%	3.4%	6.2%	4.2%	4.2%	2.8%
Total Admissions	273	298	294	211	181	109
Total Discharges and Deaths	291	372	348	273	245	357

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

* The rate is the number of FDD clients per 1,000 total population.

** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

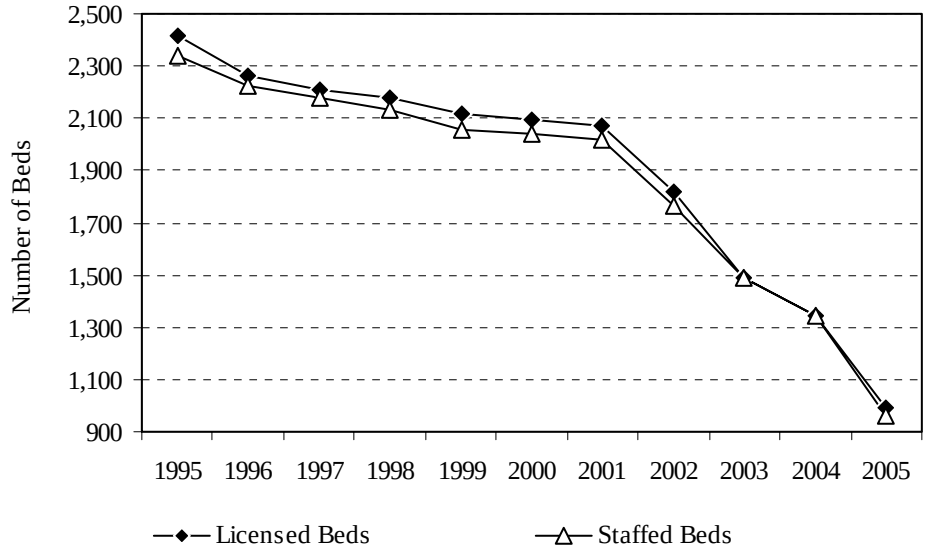
- From 2000 to 2005, there were declines in the following measures of utilization of Wisconsin facilities serving people with developmental disabilities.
  - ⇒ The number of FDDs decreased from 37 to 26 (30 percent).
  - ⇒ Total FDD clients declined 54 percent, from 1,933 to 895.
  - ⇒ The FDD utilization rate decreased from 0.36 to 0.16 clients per 1,000 total Wisconsin population.
  - ⇒ Inpatient days decreased 46 percent, from 0.7 million to 0.38 million.
  - ⇒ The number of admissions declined 60 percent between 2000 and 2005 (from 273 to 109).

- In contrast, the number of discharges and deaths increased 23 percent (from 291 to 357) from 2000 to 2005.

- Percent occupancy increased from 91.7 percent to 92.8 percent during the same five-year period.

- In 2005, admissions declined 40 percent from the previous year (from 181 to 109), and discharges and deaths increased 46 percent (from 245 to 357).

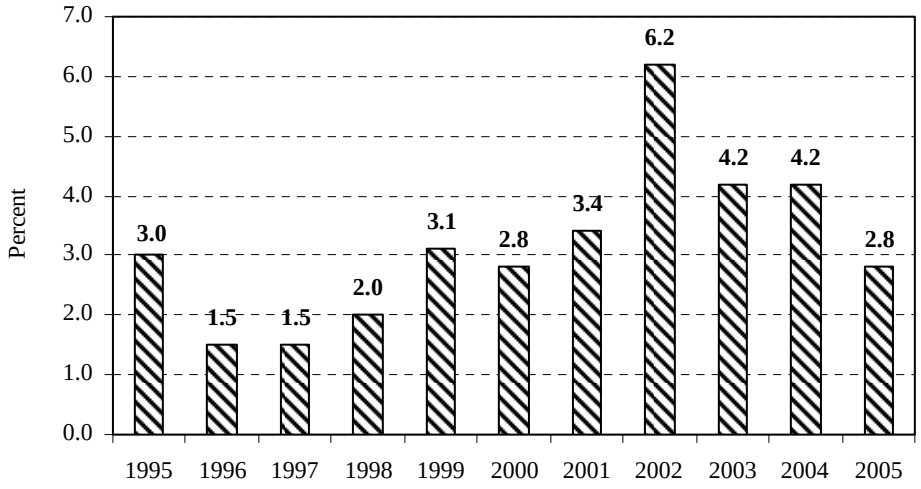
Figure 1. Number of FDD Licensed Beds and Staffed Beds, Wisconsin 1995-2005



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of FDD Licensed Beds Not Staffed, Wisconsin 1995-2005



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1995 to 2005, the number of licensed beds in facilities serving people with developmental disabilities declined 59 percent (from 2,414 to 990). The number of staffed beds also decreased 59 percent (from 2,341 to 962).
- The percent of licensed FDD beds that were not staffed decreased from 3.0 percent to 2.8 percent during the same period.

Table 2. FDD Capacity by Ownership and Bed Size, Wisconsin 2005

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
All FDDs	26	100%	990	100%	2.8%	92.8%
Facility Ownership						
Governmental	15	58	517	52	3.9	92.0
Nonprofit	4	15	326	33	0.0	91.9
Proprietary	7	27	147	15	5.4	96.1
Bed Size						
Less than 50 beds	20	77	506	51	5.5	92.3
50-99 beds	5	19	321	32	0.0	93.2
100-199 beds	1	4%	163	16%	0.0%	93.4%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed but not available for occupancy.
Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).
Due to bed reductions at FDDs, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

- Five FDDs closed in 2005: three were governmental homes and two were nonprofit homes.
- In 2005, the FDD occupancy rate statewide decreased from 93.4 percent to 92.8 percent. Proprietary facilities had the highest occupancy rate (96.1 percent), and nonprofit facilities had the lowest (91.9 percent).
- Statewide, the percent of FDD beds not staffed declined from 4.2 percent in 2004 to 2.8 in 2005. Proprietary facilities had the highest rate of beds not staffed (5.4 percent), followed by governmental facilities (3.9 percent). Nonprofit facilities had no unstaffed beds.
- The percent of FDD beds not staffed increased for both governmental and proprietary facilities, but declined from 7.8 percent to 0 percent for nonprofit homes.

Table 3. FDD Capacity by County, Wisconsin 2005

County of Location	Facilities on 12/31/05	Licensed Beds on 12/31/05	Staffed Beds on 12/31/05	Total Inpatient Days	Clients on 12/31/05*	Average Daily Census	Percent Occupancy
All	26	990	962	380,830	895	1,046	92.8%
Brown	1	32	21	14,947	21	41	89.2
Chippewa	1	28	28	10,099	23	28	100.0
Clark	1	34	34	11,456	30	31	91.2
Dane	1	18	18	6,119	16	17	94.4
Dodge	1	72	72	24,241	67	66	91.7
Dunn	1	37	37	11,933	35	33	83.5
Fond du lac	1	50	50	16,712	41	46	85.8
Grant	1	42	42	14,795	37	41	91.4
Jefferson	3	276	276	98,400	267	270	93.0
La Crosse	1	32	32	13,452	31	37	96.0
Manitowoc	2	27	24	12,551	24	34	87.3
Marinette	1	8	8	3,638	7	10	91.6
Milwaukee	1	72	72	31,989	72	88	95.8
Monroe	1	14	14	5,069	14	14	100.0
Oneida	1	10	2	21,206	2	58	93.1
Racine	1	51	51	18,117	50	50	98.0
Rock	1	24	18	8,522	18	23	95.8
Sauk	1	15	15	4,891	10	13	80.3
Shawano	1	21	21	8,304	18	23	97.4
Sheboygan	1	37	37	11,910	30	33	91.1
Trempealeau	1	44	44	15,206	39	42	95.5
Waupaca	1	17	17	7,161	17	20	95.9
Wood	1	29	29	10,112	26	28	96.6%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Average daily census is the number of clients on an average day during the year.
Percent occupancy is the average percent of licensed beds occupied during the year. Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

*The number of clients was based on the county of last private residence prior to entering the FDD.

- In 2005, two counties (Chippewa and Monroe counties) had an occupancy rate of 100 percent.
- FDD inpatient days declined 71 percent in Brown County, 50 percent in Waupaca County, 35 percent in Fond du Lac County, and 33 percent in Sauk County. Statewide, inpatient days declined 20 percent.
- The occupancy rate decreased at least 6 percent in Dunn, Manitowoc, Sauk and Sheboygan counties.
- Dunn County had the highest decline in occupancy rate (from 98 percent in 2004 to 84 percent in 2005), and Dane County had the highest increase in occupancy rate (from 89 percent to 94 percent).
- The number of licensed beds declined at least 60 percent in three counties (Oneida, Brown, and Waupaca), and decreased between 23 percent and 43 percent in an additional six counties.

Table 4. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 2005

	Average Per Diem Rate (in Dollars)					
Level of Care	**Medicaid**	**Private Pay**	**Family Care**	**Managed Care**	**Other Sources**	**All Sources**
Developmental Disabilities (DD1A)	$193	$230*	$191*	0	0	$193
Developmental Disabilities (DD1B)	191	268*	190*	0	0	192
Developmental Disabilities (DD2)	170*	188*	0	0	0	170
Developmental Disabilities (DD3)	108	0	0	0	0	108*
All Levels	$185	$215*	$191*	0	0	$185

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of clients receiving care at a particular rate.

* The per diem rate for this category was calculated based on rates for fewer than 30 clients (rates may not be representative of typical rates).

See Technical Notes (page 31) for definitions of all level of care categories shown in this table.

- The average per diem rate in 2005 for care received by FDD clients was $185, up 1.1 percent from $183 in 2004 (compared to a 6 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2005 was 3.4 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.2 percent.

- The average per diem rate paid for FDD care by private sources was $215, up from $197 in 2004. (There were only 9 FDD clients using private pay as primary pay source in 2005 – see Table 15.)

- Four FDD clients used Family Care as primary pay source in 2005, with an average per diem rate of $191. This rate was 3 percent higher than the Medicaid average per diem rate in 2005 ($185). (See Technical Notes on Page 31 for a definition of the Family Care program.)

- The Medicaid rate increased 1 percent for the DD1A level of care, 1 percent for the DD1B level of care, and 1 percent for the DD2 level of care in 2005. For the DD3 level of care, the Medicaid rate declined 22 percent. (Only 11 clients received the DD3 level of care.)

Table 5. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2005

	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
Frequency of Meeting	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	10	67%	1	25%	6	86%	17	65%
Family Council, meets:	5	33	3	75	1	14	9	35
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	1	25	0	0	1	4
Once in three months	2	13	2	50	1	14	5	19
Once a month	3	20	0	0	0	0	3	12
Once a week	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	15	100%	4	100%	7	100%	26	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Federal Centers for Medicare and Medicaid Services (CMS) regulations for nursing homes require that, if residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting resident care, treatment and quality of life. This group is referred to as a "Family Council." Family Council meetings are not required by state FDD regulations in HFS 134 or by federal regulations for these facilities at 42 CFR 483.410-483.480.

- In 2005, 65 percent of Wisconsin's FDDs (17 out of 26) had no Family Council.
- Thirty-one percent of FDDs had Family Councils that met once a month or once every three months.
- Seventy-five percent of nonprofit FDDs had Family Councils, compared to 14 percent of proprietary and 33 percent of governmental FDDs.

Table 6. FDD Employees, Wisconsin 2005

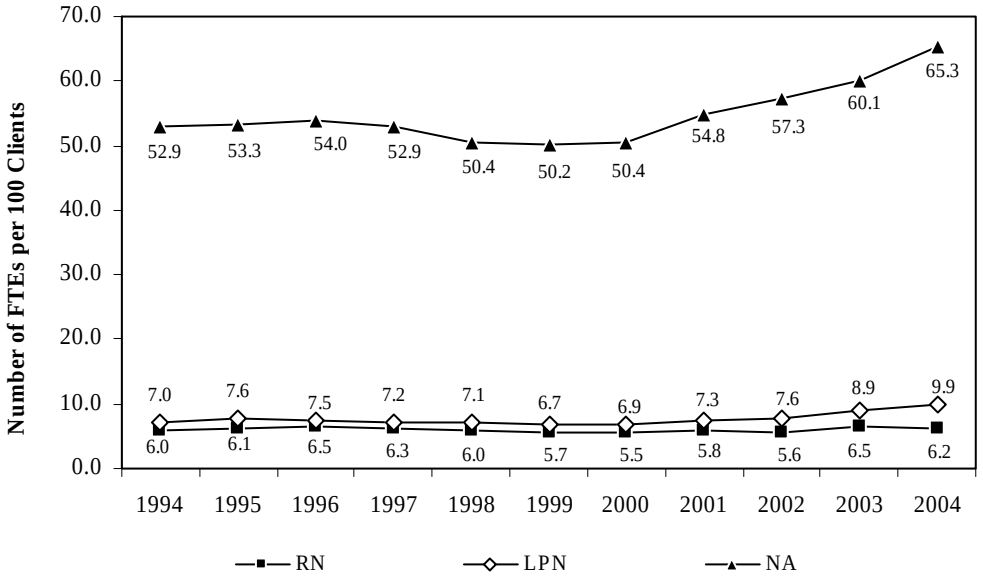
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Clients
Nursing Services		
Registered Nurses	65.1	7.3
Licensed Practical Nurses	102.0	11.4
Nursing Assistants/Aides	638.5	71.3
Certified Medication Aides	7.7	0.9
Therapeutic Services		
Physicians and Psychiatrists	2.1	0.2
Psychologists	5.8	0.6
Dentists	0.1	0.0
Activity Directors and Staff	55.1	6.2
Physical Therapists and Assistants	2.7	0.3
Occupational Therapists and Assistants	20.2	2.3
Recreational Therapists	6.0	0.7
Restorative Speech Therapists	0.0	0.0
AODA Counsellors	0.0	0.0
Qualified Mental Retardation Specialists	36.1	4.0
Qualified Mental Health Professionals	1.0	0.1
Other Services		
Dietitians and Food Workers	105.0	11.7
Social Workers	19.6	2.2
Medical Records Staff	13.3	1.5
Administrators	23.1	2.6
Pharmacists	0.0	0.0
Other Health Prof. and Technical Personnel	48.0	5.4
Other Non-Health-Professional and Non-Technical Personnel	248.1	27.7
Statewide Total	1,400.0	156.4

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- Statewide, FDDs had 1.56 FTE employees per FDD client in 2005, compared to 1.40 employees per client in 2004 and 1.34 in 2003.
- The number of FTEs in Wisconsin FDDs was down 22 percent in 2005, while the number of FDD clients as of December 31 was down 30 percent.
- Between 2004 and 2005, the number of FTE registered nurses in FDDs declined 18 percent. The number of licensed practical nurses was down 20 percent, and the number of nursing assistants decreased 24 percent.
- The number of activity directors and staff declined 49 percent in 2005.

Figure 3. Nursing Staff per 100 FDD Clients, Wisconsin 1995-2005



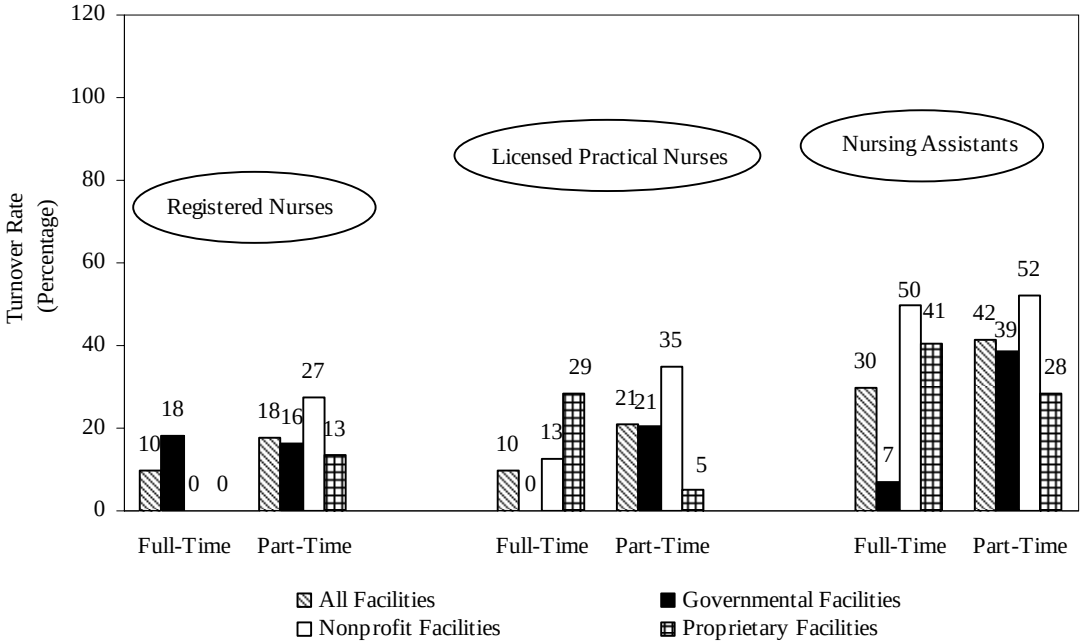
Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- In 2005, FDDs employed 71.3 FTE nursing assistants for every 100 clients (one FTE for every 1.4 clients), up from 65.3 FTEs for every 100 clients in 2004.

- There were 7.3 FTE registered nurses per 100 FDD clients in 2005, up from 6.2 per 100 clients in 2003.

- There were 11.4 FTE licensed practical nurses per 100 FDD clients in 2005, up from 9.9 per 100 in 2004.

Figure 4. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 2005

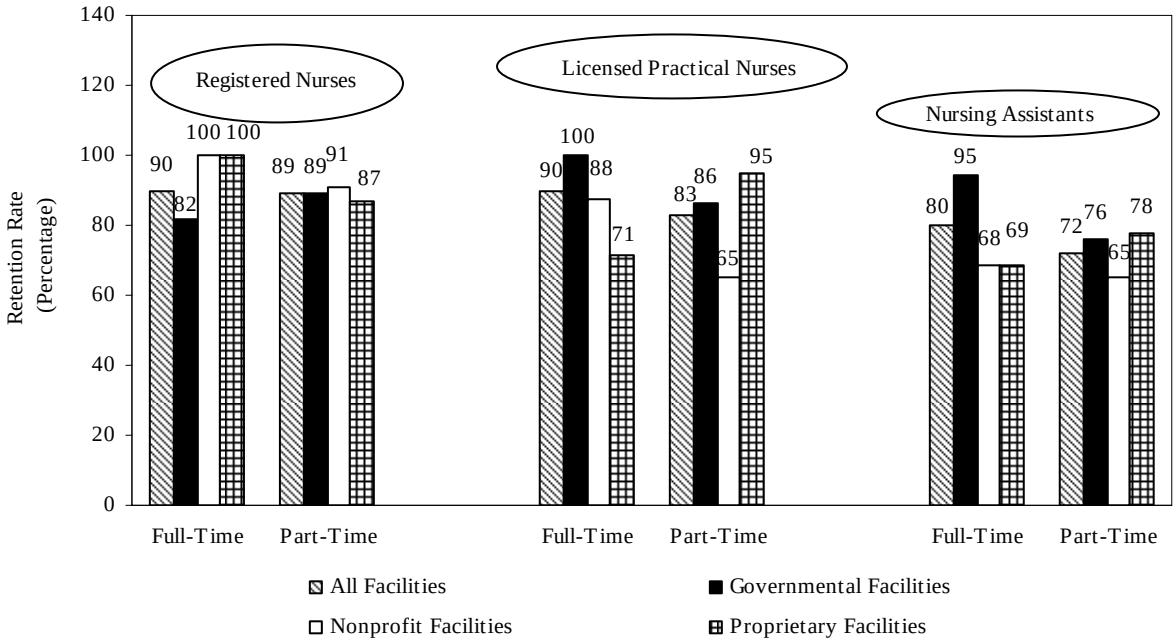


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- The turnover rate for full-time registered nurses (RNs) was 0 percent for both nonprofit and proprietary FDDs in 2005, declining from 24 percent for nonprofit FDDs and 13 percent for proprietary FDDs in 2004. Statewide, the RN turnover rate decreased 8 percentage points (from 18 percent to 10 percent) in 2005. It was up 1 point for governmental FDDs.
- The turnover rate for part-time RNs increased from 1 to 2 percentage points statewide, as well as for governmental and proprietary FDDs in 2005. The rate remained the same for nonprofit FDD facilities.
- In 2005, the turnover rate for full-time licensed practical nurses (LPNs) decreased from 23 percent to 10 percent statewide, reflecting a large decline in the governmental facility turnover rate (from 48 percent to 0 percent). It increased from 0 percent to 29 percent for proprietary FDDs, and from 11 percent to 13 percent for nonprofit FDDs.
- The turnover rate for part-time LPNs increased from 22 percent to 35 percent in nonprofit facilities, and from 18 percent to 21 percent in governmental FDDs, but declined from 30 percent to 5 percent in proprietary facilities. Statewide, the turnover rate for part-time LPNs stayed the same at 21 percent.
- The turnover rate for full-time nursing assistants (NAs) increased between 2 and 15 percentage points for all FDD ownership categories.
- For part-time NAs, the turnover rate went up 7 and 15 percentage points for governmental and nonprofit FDD facilities respectively. Statewide, it increased from 33 percent to 42 percent in 2005.
- The turnover rate for part-time NAs in proprietary FDDs declined 2 percentage points.

Figure 5. Nursing Staff Retention Rate by Facility Ownership (FDDs), 2005



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2005, the percent of nursing staff employed by FDDs who had worked in the facility for more than one year increased for the following categories of staff.
  - ⇒ Statewide, the retention rate increased from 88 percent to 90 percent for full-time RNs, from 87 percent to 89 percent for part-time RNs, from 81 percent to 83 percent for part-time LPNs, from 77 percent to 80 percent for full-time NAs, and from 71 percent to 72 percent for part-time NAs.
  - ⇒ The retention rate increased to 100 percent for full-time RNs in nonprofit and proprietary FDDs, as well as for LPNs in governmental FDDs.
  - ⇒ The retention rate for part-time RNs in nonprofit FDDs was up from 73 percent to 91 percent.
  - ⇒ The retention rate for part-time LPNs in proprietary FDDs increased from 78 percent to 95 percent.

- The percent of nursing staff employed by FDDs who had worked in the facility for more than one year decreased for the following categories.
  - ⇒ The retention rate was down from 88 percent to 82 percent for full-time RNs in governmental FDDs, and it was down from 95 percent to 87 percent for part-time RNs in proprietary FDDs.
  - ⇒ The retention rate for full-time LPNs decreased from 100 percent to 71 percent in proprietary FDD facilities, and from 81 percent to 65 percent in nonprofit FDD facilities.
  - ⇒ For full-time NAs, the retention rate decreased from 80 percent to 69 percent in proprietary FDDs, and from 69 percent to 68 percent in nonprofit FDDs. The retention rate for part-time NAs was down from 79 percent to 76 percent in governmental FDDs.

Table 7. FDD Admissions by Level of Care, Wisconsin 1995-2005

Year	Level of Care at Admission				
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	Total Admissions
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265
2000	87	86	86	14	273
2001	98	102	85	13	298
2002	104	106	78	6	294
2003	91	76	41	3	211
2004	66	71	40	4	181
2005	40	63	6	0	109

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- Admissions to FDDs decreased by 40 percent in 2005 (from 181 to 109 clients). Admissions declined at every level of care.
- FDD clients admitted at the DD1A level of care accounted for 37 percent of all admissions in 2005. DD1A admissions decreased by 39 percent in 2005 (from 66 to 40 clients).
- FDD clients admitted at the DD1B level of care accounted for the majority of admissions in 2005 (58 percent). DD1B admissions declined by 11 percent in 2005 (from 71 to 63 clients).
- Just 6 percent of FDD admissions in 2005 were at the DD2 level of care. DD2 admissions decreased from 40 in 2004 to 6 in 2005, a decline of 85 percent.
- There were no admissions at the DD3 level of care in 2005.
- Since 1995, the number of FDD admissions has declined 56 percent.

Table 8. FDD Admissions by Primary Pay Source, Wisconsin 1995-2005

Year	Primary Pay Source at Admission					
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	Total Admissions
1995	219	29	---	---	1	249
1996	242	50	---	0	4	296
1997	219	23	---	1	19	262
1998	228	35	---	1	2	266
1999	231	6	---	0	28	265
2000	261	10	---	0	2	273
2001	262	8	8	0	20	298
2002	263	7	4	1	19	294
2003	182	26	2	0	1	211
2004	155	7	6	0	13	181
2005	76	9	19	0	5	109

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.
Family Care was not asked about as a separate pay source until 2001. See Technical Notes, Page 31.
The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.
Totals include clients whose primary pay source at admission was not reported.

- Medicaid was the primary pay source for 70 percent of all FDD admissions in 2005, compared to 86 percent in 2004. In 2000, 96 percent of admissions used Medicaid as the primary pay source.
- The number of FDD admissions where the primary pay source was Family Care (a Medicaid-funded pilot program) increased from 6 in 2004 to 19 in 2005.
- The number of FDD admissions where the primary pay source was private pay increased from 7 to 9.

Table 9. FDD Admissions by Primary Pay Source and Level of Care, Wisconsin 2005

Level of Care At Admission	Primary Pay Source at Admission					Total Admissions
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	28	8	4	0	0	40
Developmental Disabilities (DD1B)	42	1	15	0	5	63
Developmental Disabilities (DD2)	6	0	0	0	0	6
Developmental Disabilities (DD3)	0	0	0	0	0	0
Total Admissions	76	9	19	0	5	109
Percent of Admissions	70%	8%	17%	0	5%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.
See Technical Notes (page 31) for definitions of all level of care categories.

- Of the FDD clients admitted in 2005 who used Medicaid as primary pay source, 37 percent were at the DD1A level of care (35 percent in 2004), 55 percent were at the DD1B level (38 percent in 2004), 8 percent were at the DD2 level (25 percent in 2004), and none was at the DD3 level of care. (Note that clients with Family Care are counted separately, although the Family Care benefit is funded by Medicaid.)

- Eight percent of FDD admissions in 2005 were private-pay, compared with 4 percent in 2004.

- Five percent of FDD admissions in 2005 were categorized as "other" primary pay sources (mostly Dept. of Veterans Affairs). This category accounted for 7 percent of admissions in 2004.

Table 10. FDD Admissions by Age and Level of Care, Wisconsin 2005

Level of Care At Admission	Age at Admission						Total Admissions
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	2	27	6	3	1	1	40
Developmental Disabilities (DD1B)	15	35	9	3	1	0	63
Developmental Disabilities (DD2)	0	4	1	0	1	0	6
Developmental Disabilities (DD3)	0	0	0	0	0	0	0
Total Admissions	17	66	16	6	3	1	109
Percent of Admissions	16%	61%	15%	6%	3%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Notes: See Technical Notes (page 31) for definitions of all level of care categories.

- Ten percent of FDD clients admitted in 2005 were 65 years of age and older, compared with 13 percent in 2004.
- Sixteen percent of FDD clients admitted in 2005 were younger than 20 years of age, compared to 8 percent in 2004.
- In 2005, 61 percent of FDD admissions were aged 20 to 54, compared with 62 percent in 2004.

Table 11. FDD Admissions by Care Location Prior to Admission, Wisconsin 2005

Care Location	Admissions	
	Number	Percent
Private home/apt. with no home health services	22	20%
Private home/apt. with home health services	12	11
Board and care/assisted living/group home	22	20
Nursing home	7	6
Acute care hospital	23	21
Other FDD or psychiatric hospital	18	17
Rehabilitation hospital	0	0
Other	5	5
Total Admissions	109	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Seventeen percent of FDD admissions were from another FDD or a psychiatric hospital, largely due to the closing of five FDDs in 2005. This was the third year in a row in which at least two FDDs closed.
- Twenty percent of FDD clients admitted in 2005 came from private residences and were not receiving home health services prior to admission (compared to 25 percent in 2004), and 11 percent were admitted from private residences with home health services (compared to 8 percent in 2004).
- Twenty-one percent of FDD admissions in 2005 were from acute-care hospitals, compared to 16 percent in 2004.
- In 2005, 20 percent of FDD clients were from board and care, assisted living, or group homes, compared to 10 percent in 2004.
- Six percent of FDD admissions were from nursing homes in 2005, compared to 11 percent in 2004.

Table 12. Discharge Status or Care Destination of FDD Clients Discharged, Wisconsin 2005

Discharge Status/ Care Destination	Discharges/Deaths	
	Number	Percent
Private home/apt. with no home health services	18	5%
Private home/apt. with home health services	12	3
Board and care/assisted living/group home	221	62
Nursing home	22	6
Acute care hospital	20	6
Other FDD or psychiatric hospital	11	3
Rehabilitation hospital	1	0
Other	2	1
Deceased	50	14
Total	357	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Notes: Percentages may not add to 100 percent due to rounding.

- Largely due to the closing of five FDDs, the number of discharges in 2005 increased 46 percent (from 245 to 357).
- In 2005, 62 percent of FDD discharges were to board and care, assisted living and group homes, compared to 25 percent in 2004.
- Six percent of FDD discharges were to nursing homes, compared with 9 percent in 2004.
- Five percent of FDD discharges were to private homes with no home health care in 2005, compared to 15 percent in 2004. The percent of discharges to private homes with home health care decreased from 6 percent to 3 percent.
- The percent of discharges to other FDDs or psychiatric hospitals declined from 18 percent to 3 percent.
- Deaths constituted 14 percent of FDD discharges in 2005, compared with 21 percent in 2004. The number of deaths was similar in 2005 (50) and 2004 (52).

Table 13. Age-Specific FDD Utilization Rates, Wisconsin 1995-2005

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6
2000	<0.1	0.4	0.7	0.6
2001	<0.1	0.4	0.7	0.6
2002	<0.1	0.4	0.6	0.5
2003	<0.1	0.3	0.5	0.4
2004	<0.1	0.3	0.4	0.4
2005	<0.1	0.2	0.3	0.3

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD clients in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.
Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- FDD utilization rates for both people aged 55 to 64 and people aged 65 and over declined 25 percent from 2004 to 2005.

- From 1995 to 2005, the FDD utilization rate declined 60 percent for people aged 20-54, 66 percent for people aged 55-64, and 62 percent for people aged 65 and over.

Table 14. Percent of FDD Clients by Level of Care, Wisconsin, December 31, 1995-2005

Year	Level of Care				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1995	22%	29%	43%	6%	2,188
1996	24	29	42	6	2,121
1997	24	29	41	6	2,038
1998	24	30	41	5	2,004
1999	25	29	42	4	1,949
2000	24	29	43	4	1,933
2001	25	30	41	4	1,859
2002	29	31	39	2	1,655
2003	33	31	34	2	1,415
2004	31	37	31	2	1,282
2005	31%	40%	28%	1%	895

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Note: Totals do not include clients whose level of care was not reported.
See Technical Notes (page 33) for definitions of all level of care categories.

- The level of care distribution for FDD clients has changed over the years. In 1995, 22 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2005, 31 percent were at this level of care.
- Twenty-nine percent of clients were at the DD1B level of care in 1995, while 40 percent were at this level of care in 2005. DD1B clients are now the largest group in FDDs.
- Forty-three percent of clients were at the DD2 level of care in 1995, compared with 28 percent in 2005.
- Six percent of FDD clients were at the DD3 level of care in 1995, compared with just 1 percent in 2005.

Table 15. Number of FDD Clients by Primary Pay Source and Level of Care, Wisconsin, December 31, 2005

Level of Care	Primary Pay Source on December 31					Total
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	275	2	1	0	0	278
Developmental Disabilities (DD1B)	354	2	3	0	0	359
Developmental Disabilities (DD2)	242	5	0	0	0	247
Developmental Disabilities (DD3)	11	0	0	0	0	11
Total Clients	882	9	4	0	0	895
Percent of All Clients	99%	1%	<1%	0	0	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.
See Technical Notes (page 31) for definitions of all level of care categories.

- On December 31, 2005 Medicaid was the primary pay source for 99 percent of all FDD clients. This percent has remained stable since 1998.

- Among FDD clients with Medicaid as primary pay source in 2005, 31 percent were at the DD1A level of care (same as in 2004), 40 percent were at the DD1B level of care (compared to 37 percent in 2004), 28 percent were at the DD2 level of care (down from 31 percent in 2004), and 1 percent were at the DD3 level of care (down from 2 percent in 2004).

Table 16. Percent of FDD Clients by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2005

Primary Disabling Diagnosis	Age Group					
	<20	20-54	55-64	65-74	75+	Total
Mental Retardation	100%	92%	96%	98%	94%	94%
Cerebral Palsy	0	2	1	0	1	1
Epilepsy	0	0	1	0	0	<1
Autism	0	2	0	0	1	1
Multiple Developmental Disabilities	0	2	1	2	2	2
Other Developmental Disabilities	0	1	1	0	0	1
Subtotal of Developmental Disabilities	100	98	99	100	98	99
All Other Conditions	0	2	1	0	2	1
Total	100%	100%	100%	100%	100%	100%
Number of Clients	22	520	158	95	100	895

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- On December 31, 2005, 94 percent of all FDD clients had mental retardation as their primary diagnosis, up 2 percentage points from 2004.

- Among the clients who had mental retardation as their primary diagnosis, 59 percent were under age 55, 18 percent were between the ages of 55 and 65, and 22 percent were age 65 and older (not shown).

Table 17. Length of Stay of FDD Clients, Wisconsin, December 31, 2005

Length of Stay	Number	Percent
Less than 1 year	52	6%
Less than 31 days	6	1
31 days to 99 days	17	2
100 days to 180 days	13	1
181 days to 364 days	16	2
1-2 years	67	7
2-3 years	88	10
3-4 years	66	7
4 or more years	622	69
Total	895	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Note: Percentages may not add to 100 percent due to rounding.

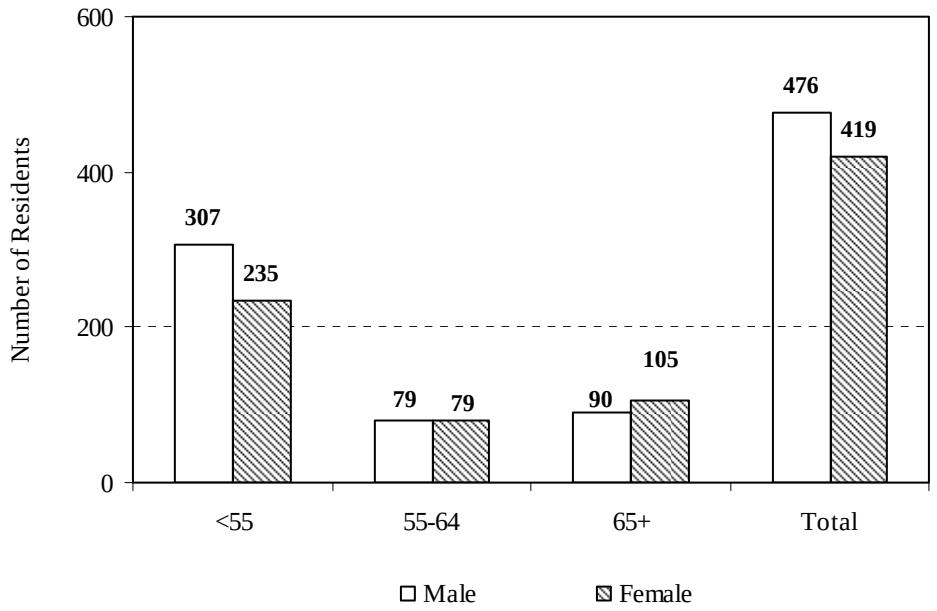
- Six percent of FDD clients in 2005 had been in the facility less than one year, down from 9 percent in 2004.
- Sixty-nine percent of FDD clients in 2005 had been in the facility four years or longer, down 2 points from 2004, after a decrease of 2 points in 2003.
- Seven percent of FDD clients had been in the facility for one to two years in 2005, up from 6 percent in 2004.
- The percent of FDD clients who had been in the facility for two to three years increased from 9 percent to 10 percent between 2004 and 2005, and the percent who had been in the facility for three to four years was up from 5 percent to 7 percent.

Table 18. Age of FDD Clients, Wisconsin, December 31, 2005

Age of Client	Number	Percent
Less than 20 years	22	3%
20-54 years	520	58
55-64 years	158	18
65-74 years	95	11
75-84 years	79	9
85+ years	21	2
All ages	895	100
65+ years	195	22%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Note: Percentages may not add to 100 percent due to rounding.

Figure 6. Percent of FDD Clients by Age and Sex, Wisconsin, December 31, 2005



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2005, 3 percent of FDD clients were under age 20, 58 percent were age 20-54, 18 percent were age 55-64, and the remaining 22 percent were age 65 and over.
- Fifty-three percent of Wisconsin FDD clients in 2005 were males (55 percent in 2004).

Table 19. Percent of FDD Clients by Age, Wisconsin, 1995-2005

Year	Age Group				
	<20	20-54	55-64	65-74	75+
1995	2.0	60.7	16.3	13.0	8.0
1996	2.3	59.2	16.0	13.7	8.9
1997	2.4	58.5	17.1	12.8	9.2
1998	1.7	58.9	17.5	12.5	9.3
1999	1.5	59.3	17.6	12.8	8.8
2000	1.2	59.9	17.2	13.2	8.5
2001	1.8	58.4	18.8	12.3	8.8
2002	1.5	58.5	19.5	11.7	8.9
2003	2.0	57.5	19.2	11.2	10.2
2004	1.6	57.6	18.6	11.3	10.8
2005	2.5%	58.1%	17.7%	10.6%	11.2%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1995 to 2005, the age distribution of FDD clients changed slightly, with increases of 1 to 3 percentage points in some older age groups (ages 55-64 and 75+).
- The percent of FDD clients under age 55 declined from 63 percent in 1995 to 61 percent in 2005.
- The percent of FDD clients aged 75 and over increased from 8.0 percent in 1995 to 11.2 percent in 2005.

Table 20. Legal Status of FDD Clients, Wisconsin, December 31, 2005

Total Clients	Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed Under Chapter 55		Has Activated Power of Attorney for Health Care		Has Advance Directives	
Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
895	178	20%	871	97%	804	90%	92	10%	335	37%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents were based on the total number of facility clients on December 31, 2004.

- In 2005, 20 percent of FDD clients (vs. 16 percent in 2004) had been placed in the facility under Chapter 51, Wisconsin Statutes (the Mental Health Act), to receive integrated treatment and rehabilitative services.

- Ninety-seven percent of FDD clients in 2005 (98 percent in 2004) had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.

- Ninety percent of FDD clients had been protectively placed in the facility under Chapter 55, Wisconsin Statutes (the Protective Services Act), down from 95 percent in 2004.

- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Ten percent of FDD clients were reported to have an activated power of attorney for health care in 2005, compared to 7 percent in 2004.

- An advance directive describes, in writing, clients' choices about the treatments they want or do not want or about how health care decisions should be made if they become incapacitated and cannot express their wishes. Thirty-seven percent of FDD clients had a written advance directive in 2005, down from 38 percent in 2004.

Table 21. FDD Clients With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 2005

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	451	96%	391	95%	842	95%
1-30 days after admission	5	1	2	<1	7	1
31-99 days after admission	4	1	2	<1	6	1
100-180 days after admission	0	0	0	0	0	0
181 days–1 year after admission	0	0	1	<1	1	<1
More than 1 year after admission	3	1	8	2	11	1
Unknown	6	1	9	2	15	2
Total	469	100%	413	100%	882	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Notes: Percentages may not add to 100 percent due to rounding.

- Ninety-five percent of FDD clients with Medicaid on December 31, 2005 had been eligible at the time of admission, up from 85 percent in 2004, and 78 percent in 2003.

- One percent of FDD clients with Medicaid became eligible more than one year after admission, down from 8 percent in 2004, and 11 percent in 2003.

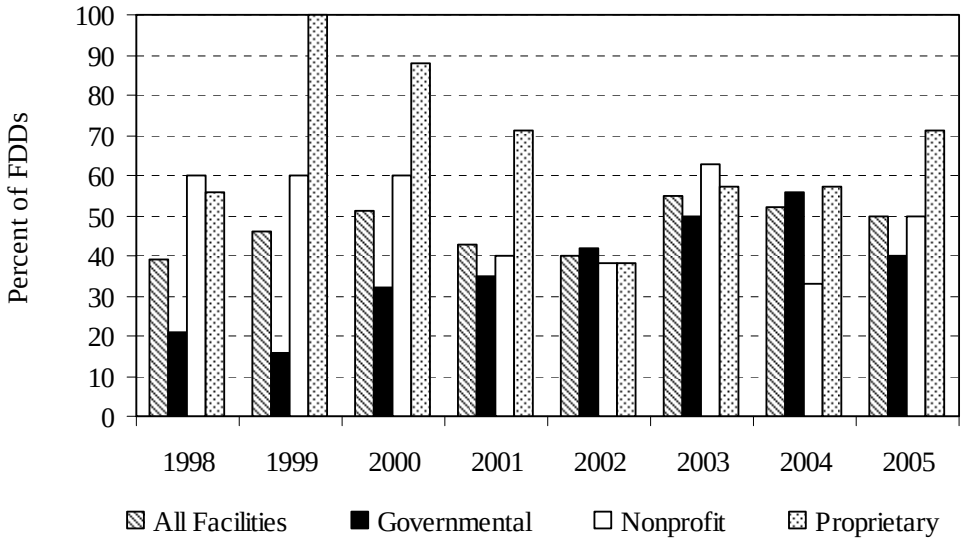
Table 22. Use of Physical Restraints Among FDD Clients, by Facility Ownership, Wisconsin, December 31, 2005

	Ownership						All FDDs	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Clients	457	100%	308	100%	130	100%	895	100%
Physically restrained	64	14%	48	16%	6	5%	118	13%
Total FDDs	15	100%	4	100%	7	100%	26	100%
FDDs reporting no physically restrained clients	6	40%	2	50%	5	71%	13	50%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The survey asks facilities to report the number of clients on December 31 who are "physically restrained."

Figure 7. Percent of FDDs With No Physically Restrained Clients, by Facility Ownership, Wisconsin, December 31, 1998-2005



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Statewide, the percent of FDD clients on December 31 who were being physically restrained increased from 10 percent in 2004 (not shown) to 13 percent in 2005 (Table 23).
- Five percent of clients in proprietary FDDs were being physically restrained in 2005, unchanged from 2004. The percent being physically restrained in nonprofit FDDs increased from 13 percent to 16 percent. The percent of physically restrained clients in governmental FDDs also increased, from 9 percent to 14 percent.
- Statewide, 50 percent of FDDs reported *no* physically restrained clients on December 31, 2005, down from 52 percent in 2004 (Figure 7).
- FDDs reporting no physically restrained clients declined from 56 percent to 40 percent for governmental facilities, but increased for both nonprofit (from 33 percent to 50 percent) and proprietary facilities (from 57 percent to 71 percent).

Technical Notes

Licensed Beds and Staffed Beds Definitions

- **Licensed Beds:** Beds that are licensed, regardless of whether they are available for occupancy.
- **Staffed Beds:** Licensed beds that are set up, staffed, and available for occupancy.

Level of Care Definitions

- **DD1A Care Level**: Clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.
- **DD1B Care Level**: Clients with developmental disabilities who require active treatment, onsiderable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.
- **DD2 Care Level**: Adults with developmental disabilities who require active treatment with an emphasis on skills training.
- **DD3 Care Level**: Adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Family Care (Tables 4, 9)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) have resource centers only, and do not reimburse for FDD care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual’s needs, circumstances, and preferences.

For details of the services provided by Family Care, please visit:
http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Public Health
DPH 5602A - 2005 (Rev. 11/05)

2005 ANNUAL SURVEY OF NURSING HOMES

(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	☐
HIGHEST LEVEL	☐
BATCH	☐☐
BATCHCOR	☐☐

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

☐ 1. City Name of city, village or town _____

☐ 2. Village What county is nursing home located in? _____

☐ 3. Town

NUMBER OF RESIDENTS IN THE FACILITY ON DECEMBER 31, 2005 (include paid bedholds)

_____

Return the *PINK COPY* of the survey no later than February 1, 2006, to

Bureau of Health Information and Policy
Division of Public Health
ATTN: Jane Conner, Rm. 372
P. O. Box 2659
Madison, Wisconsin 53701-2659

REPORT ALL DATA FOR A 12-MONTH PERIOD *(365 DAYS)*, JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2005? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2005, or ended before December 31, 2005, list those dates of operation below.

Beginning Date ☐☐ Month ☐☐ Day '05

Ending Date ☐☐ Month ☐☐ Day '05

Days of Operation ☐☐☐

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental
- ☐ 10. City
- ☐ 11. County
- ☐ 12. State
- ☐ 13. Federal
- ☐ 14. City/County
- ☐ 15. Tribal Government

Non-governmental/Not-For-Profit
- ☐ 20. Nonprofit Corporation
- ☐ 21. Nonprofit Church
- ☐ 22. Nonprofit Association
- ☐ 23. Nonprofit Church/Corporation
- ☐ 24. Nonprofit Limited Liability Company
- ☐ 25. Nonprofit Trust
- ☐ 26. Private Nonprofit

Investor-Owned/For Profit
- ☐ 30. Individual
- ☐ 31. Partnership
- ☐ 32. Corporation
- ☐ 33. Limited Liability Company
- ☐ 34. Limited Liability Partnership
- ☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

   If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code) ☐☐

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No

5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No

6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No

7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No

8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No

9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No

10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

    If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No

12. Does the facility have a contract with a HMO for providing services? ☐ 1. Yes ☐ 2. No

13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

    If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? ☐ 1. Yes ☐ 2. No

    If yes, how many of the residents in the facility on December 31, 2005, were monitored? _____

15. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

    If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/05? _____

16. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

    If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/05? _____

17. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

18. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

    a. If yes, is the unit locked? *(Leave blank if no unit.)* ☐ 1. Yes ☐ 2. No

    b. Number of beds in unit? _____

19. Does the facility utilize day programming for mentally ill residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program ***(check all that apply)***

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other *(specify)* _____

20. Does the facility utilize day programming for developmentally disabled residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program ***(check all that apply)***

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other *(specify)* _____

B. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2005) ..... _____

2. **TOTAL** licensed bed capacity (as of December 31, 2005) ..... _____

3. If the numbers reported in B.1. and B.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

- ☐ a. Semi-private rooms converted to private rooms. Number of beds _____
- ☐ b. Rooms converted for administrative purposes. Number of beds _____
- ☐ c. Beds out-of-service due to renovation or remodeling (Not HFS 132 related). Number of beds _____
- ☐ d. Rooms converted for resident program (treatment) purposes. Number of beds _____
- ☐ e. Beds temporarily not meeting HFS 132 code. Number of beds _____
- ☐ f. Other *(specify)* _____ Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ..... ☐ 1. Yes ☐ 2. No

If yes, by how many beds? ..... _____

C. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2005

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an *"average rate"* needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/05.
IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

	METHOD OF REIMBURSEMENT					
LEVEL OF CARE	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	$	$	$	$	$	$
SNF Skilled Care	$	$	$	$	$	$
ICF-1 Intermediate Care		$	$	$	$	$
ICF-2 Limited Care		$	$	$	$	$
ICF-3 Personal Care			$	$	$	$
ICF-4 Residential Care			$	$	$	$
DD1A Developmental Disabilities		$	$	$	$	$
DD1B Developmental Disabilities		$	$	$	$	$
DD2 Developmental Disabilities		$	$	$	$	$
DD3 Developmental Disabilities		$	$	$	$	$
TBI Traumatic Brain Injury	$	$	$	$	$	$
Ventilator Dependent (See Definition)	$	$	$	$	$	$

* *Includes Veterans Administration, County Boards, Champus, Community Aids and others.*

2. Inpatient Days by Age

a. Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period ..... _____

b. Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period ..... _____

c. **TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2005, to December 31, 2005), **(2a + 2b = 2c)** ..... _____

d. Average Daily Census (total inpatient days, *line c,* divided by the days of operation, 365 days, or as reported on page 1, item A.1.) ..... _____
(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

D. PERSONNEL

1. Number of personnel employed by the facility. Report the number of personnel *employed* by the facility during the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Include staff on vacation or other paid leave. Each person should be counted only once, in a respective work category. INCLUDE IN-HOUSE CASUAL STAFF. Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff *(No. of Persons)*
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. **TOTAL (sum of lines 1 – 29)**				

Number of hours in work week? ..... _____

(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

D. PERSONNEL (continued)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS D.2 & D.3 ARE *REQUIRED* TO BE COMPLETED.

2. How many employees in each of the following three categories were hired in 2005?
(ALL hired in 2005, **including those who quit**.) INCLUDE IN-HOUSE CASUAL STAFF. (Do not include contracted staff.)

a. Registered Nurses Full-Time _____ Part-Time _____

b. Licensed Practical Nurses Full-Time _____ Part-Time _____

c. Nursing Assistants/Aides Full-Time _____ Part-Time _____

3. Indicate the number of **all current** employees as of December 31, 2005, according to their duration of service in the facility. INCLUDE IN-HOUSE CASUAL STAFF. (Do not include contracted staff.)

DURATION OF SERVICE	Registered Nurses		Licensed Practical Nurses		Nursing Assistants/Aides	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Hired in 2005						
a. Less than 6 Months						
b. 6 Months to less than 1 Year						
Hired Prior to 2005						
c. 1 Year or more						
TOTAL (3a + 3b + 3c)						

THE FOLLOWING INFORMATION WILL BE COMPILED FOR THE "2005 CONSUMER INFORMATION REPORT," published by the Bureau of Quality Assurance, per s. 50.095, WIS. STATS.

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

4. Report the total number of ***paid*** hours (including contracted staff) worked by registered nurses, licensed practical nurses (including non-direct care RN's and LPN's, such as managers or supervisors), and nurse aides/other direct care nurse aides providing service 11/27/05 – 12/10/05. Record total hours for each shift, ***ROUNDED TO THE NEAREST QUARTER HOUR***, excluding unpaid lunch breaks.
USE DECIMALS ONLY, NOT FRACTIONS.
Enter as a 3, 4, or 5 digit number, e.g., 8.00, 15.25 or 125.75.

(Use the dates of 11/27/05 – 12/10/05 if possible, otherwise, use the first full two-week pay period in December.)

DATE	Day Shift			Evening Shift			Night Shift		
	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS
11/27/05									
11/28/05									
11/29/05									
11/30/05									
12/01/05									
12/02/05									
12/03/05									
12/04/05									
12/05/05									
12/06/05									
12/07/05									
12/08/05									
12/09/05									
12/10/05									

E. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2005

Of the total residents in the facility on December 31, 2005, how many have resided in the facility

1. 1 to 30 days? ..... _____
2. 31 days to 99 days? ..... _____
3. 100 days to 180 days? ..... _____
4. 181 days to 364 days? ..... _____
5. Less than 1 year ***subtotal*** **(E1+E2+E3+E4)** ..... _____ *
6. 1 Year to less than 2 Years? ..... _____
7. 2 Years to less than 3 Years? ..... _____
8. 3 Years to less than 4 Years? ..... _____
9. 4 Years or more? ..... _____
10. **TOTAL (E5+E6+E7+E8+E9)** ..... _____ **

* *SUBTOTAL **MUST** equal the total on Page 13, 6th column.*
** *TOTAL **MUST** equal the total on Page 9, line 4.*

F. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ..... ☐ 1. Yes ☐ 2. No
   a. If yes, number of beds in unit? *(Leave blank if no unit.)* ..... _____
   b. On December 31, 2005, how many residents were in that unit and receiving subacute care? _____
   c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ..... ☐ 1. Yes ☐ 2. No

G. FAMILY COUNCIL
(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ..... ☐ 1. Yes ☐ 2. No

If yes, how often does the council meet? ***(check only one)***

- ☐ a. Once a week
- ☐ b. Once a month
- ☐ c. Once in three months
- ☐ d. Less than quarterly
- ☐ e. As often as needed
- ☐ f. Other *(specify)* _____

H. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2005

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2005**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

	PRIMARY PAY SOURCE						
LEVEL OF CARE	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	**TOTAL**
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		**					***

* *Includes Veterans Administration, County Boards, Champus, Community Aids and others.*
** *TOTAL **MUST** equal the total Medicaid Eligible, in the following table.*
*** *TOTAL **MUST** equal the total on Page 9, line 4.*
Note: If residents are listed in any category, provide the corresponding rate on Page 4, #1.

I. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2005

Of the total Medicaid residents in the facility on December 31, 2005, how many became eligible as Medicaid recipients

	Males	**Females**	**TOTAL**
1. At the time of admission?			
2. Within 1-30 days after admission?			
3. Within 31-99 days after admission?			
4. Within 100-180 days after admission?			
5. Within 181-364 days after admission?			
6. More than 1 year after admission?			
7. Unknown?			
8. **TOTAL (I1+I2+I3+I4+I5+I6+I7)**			*

* *TOTAL **MUST** equal the total Medicaid residents in the above table.*

J. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2004 ..... _____
(As reported on the 2004 survey, Page 10, Line 4.)

2. Admissions during the year from

a. Private home/apartment with no home health services ..... _____

b. Private home/apartment with home health services ..... _____

c. RCAC/CBRF/adult family home (AFH)/assisted living ..... _____

d. Nursing home ..... _____

e. Acute care hospital ..... _____

f. Psychiatric hospital, MR/DD facility ..... _____

g. Rehabilitation hospital ..... _____

h. Other ..... _____

i. **Total Admissions** *(sum of lines 2.a through 2.h)* ..... _____

3. Discharges during the year to

a. Private home/apartment with no home health services ..... _____

b. Private home/apartment with home health services ..... _____

c. RCAC/CBRF/adult family home (AFH)/assisted living ..... _____

d. Nursing home ..... _____

e. Acute care hospital ..... _____

f. Psychiatric hospital, MR/DD facility ..... _____

g. Rehabilitation hospital ..... _____

h. Deceased ..... _____

i. Other ..... _____

j. **Total Discharges** (include deaths) *(sum of lines 3.a through 3.i)* ..... _____

4. **Persons in the facility on December 31, 2005** (include paid bed holds) ..... _____
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2005 totals elsewhere on the survey.*

K. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2005**.

DO NOT WRITE IN SHADED AREA

	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						
LEVEL OF CARE	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	**TOTAL**
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

** Includes Veterans Administration, County Boards, Champus, Community Aids and others.*
*** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 9, line 2.i.*
Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2005**.

	AGE OF RESIDENTS ADMITTED DURING THE YEAR							
LEVEL OF CARE	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	**TOTAL**
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 9, line 2.i.*
Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

L. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2005

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility. The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	**TOTAL**
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* *Specify the **"Other Developmental Disabilities"** at the bottom of this page, or attach a separate page to the back of the survey.*
** *Specify the **"Other Medical Conditions"** at the bottom of this page, or attach a separate page to the back of the survey.*
*** *TOTAL **MUST** equal the total on Page 9, line 4.*

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 8, H, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 12, M.

M. AGE AND GENDER OF RESIDENTS ON DECEMBER 31, 2005

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

** TOTAL **MUST** equal the total on Page 9, line 4.*

Note: Ensure that the row totals in this table equal the column totals on Page 11.

N. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2005

Indicate the number of residents on December 31, 2005, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form CMS 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	**TOTAL**
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

** TOTAL **MUST** equal the total on Page 9, line 4.*

Bowel/Bladder Status	Number of Residents	**Special Care**	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		**Medications**	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		**Other**	
		With advance directives	

O. COUNTY OF RESIDENCE PRIOR TO ADMISSION: **Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.**

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2005. In the second column, report the number of residents admitted during 2005 and still residing in the nursing home on December 31, 2005. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2005	Number admitted in 2005 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2005	Number admitted in 2005 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			**LEGAL RESIDENCE OTHER THAN WISCONSIN**		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			**TOTAL**	*	**
Marquette					
Menominee					
Milwaukee					

** TOTAL **MUST** equal the total on Page 9, line 4.*

*** TOTAL **MUST** equal Page 7, line 5.*

P. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2005

1. Of the residents on December 31, 2005, how many were placed under Chapter 51? ..... _____
2. Of the residents on December 31, 2005, how many had a court-appointed guardian? ..... _____
3. Of the adult residents on December 31, 2005, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)? ..... _____
4. Of the residents on December 31, 2005, how many had an ***activated*** power of attorney for health care? ..... _____

Person responsible for completing this form ..... _____
(This is who will be contacted if further information is required.)

Contact person's area code/telephone number ..... _____ EXT: _____

Area code/Fax number ..... _____

Email Address ..... _____

Nursing home's area code/telephone number ..... _____
(This number will be published in the Nursing Home Directory.)

Does the facility have Internet access? ..... ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name _____

City _____

License Number _____

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (***type or print***) ..... _____

SIGNATURE - Administrator ..... _____

Date signed ..... _____

FOR OFFICE USE ONLY	
COUNTY	☐☐☐
POPID	☐☐☐
BQADISTR	☐

2005 ANNUAL SURVEY OF NURSING HOMES
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:

   25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
   50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
   75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
   100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.

   The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.
2. Report all data for a 12-month period, ending December 31, 2005, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

A. FACILITY INFORMATION

13. Locked Unit: A ward, wing or room which is designated as a protective environment and is secured in a manner that prevents a resident from leaving the unit at will. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

16. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.

B. UTILIZATION INFORMATION

1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.

2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

C. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

   Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

   ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

   SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

   ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness of disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults who require active treatment with an emphasis on communication and activities of daily living functional skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults who require active treatment with an emphasis on attaining social, domestic and vocational skills and refining communication skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

D. PERSONNEL

1. For each category on Page 5, report the number of full-time, part-time and contracted staff. In the hours column, ***report hours for part-time staff only***, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.

4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

   Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

   Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

   Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

   Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

F. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2005

See RESIDENT INFORMATION, pages 15 & 16, for definitions of DD levels.

I. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2005

Report the number of Medicaid residents, in the facility on December 31, 2005. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

J. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2004: Report residents on December 31st, 2004, (rather than January 1st, 2005), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2004 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2004 Annual Survey of Nursing Homes, Page 10, line 4.

2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.

3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

K. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2005. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.

2. Level of Care and Age: Report the number of residents who were admitted during 2005. Entries made here **MUST** be the resident's level of care and age at the time of admission.

L. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2005. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal
Petit Mal
Psychomotor Epilepsy
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

	ICD-9 331, 290.1-Alzheimer's Disease
Organic/Psychotic	ICD-9 290-Senile dementia (excluding 290.1)
	ICD-9 291-Alcoholic psychoses
	ICD-9 292-Drug psychoses
	ICD-9 293-Transient organic psychotic conditions
	ICD-9 294-Other organic psychotic conditions (chronic)
Organic/ Non-psychotic	ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage
Non-organic/ Psychotic	ICD-9 295-Schizophrenic disorders
	ICD-9 296-Affective psychoses
	ICD-9 297-Paranoid states
	ICD-9 298-Other non-organic psychoses
Non-organic/ Non-psychotic	ICD-9 300-Neurotic disorders
	ICD-9 301-Personality disorders
	ICD-9 302-Sexual deviations and disorders
	ICD-9 306-Physiological malfunction arising from mental factors
	ICD-9 307-Special symptoms or syndromes, not elsewhere classified
	ICD-9 308-Acute reaction to stress
	ICD-9 309-Adjustment reaction
	ICD-9 311-Depressive disorder, not elsewhere classified
	ICD-9 312-Disturbance of conduct, not elsewhere classified
	ICD-9 313-Disturbance of emotions specific to childhood and adolescence
	ICD-9 314-Hyperkinetic syndrome of childhood
	ICD-9 316-Psychic factors associated with diseases classified elsewhere
Other Mental Disorders	ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

N. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2005, who have these conditions. Residents **MUST** be counted in each category that applies.

P. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2005

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.

2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.

3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.

4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).

Thank you for your cooperation.